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FROM: Terry Leier

BUSINESS PHONE: 613.788.2244

MESSAGE:

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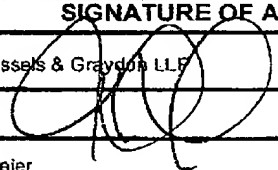
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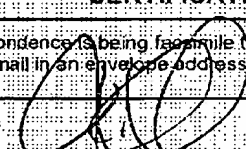
FILE REFERENCE: 00051636/000223

Date and time of transmission: Monday, May 16, 2005 11:38:14 AM

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/739,252	
	Filing Date	December 19, 2000	
	First Named Inventor	CSONKA, et Jacqueline V.	
	Art Unit	2841	
	Examiner Name	NORRIS, Jeremy C.	
Total Number of Pages in This Submission	11	Attorney Docket Number	51636/223

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks Claim fee calculation worksheet - no fees payable		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Blake, Cassels & Graydon LLP		
Signature			
Printed name	Terry L. Leier		
Date	May 16, 2005	Reg. No.	41,554

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Terry L. Leier	Date	May 16, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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IN THE UNITED STATES PATENT & TRADEMARK OFFICE

Serial no: 09/939,252 Confirmation No.: 3742
Filed: December 19, 2000 Group Art Unit: 2841
Inventor: Jacqueline V. CSONKA, et al Examiner: NORRIS, Jeremy C
Attorney Docket: 50634-64

Title: Toothbrush Oscillating Head

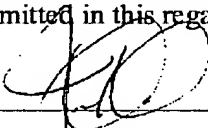
VIA FACSIMILE

The Assistant Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450,
U.S.A.

Sir: AMENDMENT CLAIM FEE RECALCULATION WORKSHEET

	CLAIMS AS AMENED			ENTITY RATE		FEE
	AFTER AMDT.	PREVIOUSLY PAID FOR	PRESENT EXTRA	SMALL	LARGE	
Total claims	23	25	0	x\$25	x\$50	\$-.00
Indep. claims	2	3	0	x\$100	x\$200	\$-.00
First Filing of Multiple Dep. Claims	NO			+\$180.	+\$360.	\$ nil
Total						\$-.00

The Commissioner is hereby authorized to charge any further fees that may be required for entry of the amendment to deposit account no. 501-456. A duplicate copy of this authorization is submitted in this regard.


Terry L. Leier, Reg. no. 41,554
Blake Cassels & Graydon LLP
World Exchange Plaza
45 O'Connor Street, 20th Floor
Ottawa, Ontario CANADA K1P 1A4
Phone: (613)-788-2244
Fax: (613)-788-2247

Date: May 16, 2005

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MAY 16 2005

IN THE UNITED STATES PATENT & TRADEMARKS OFFICE

Serial no: 09/739,252 Confirmation no. 3742
Filed: December 19, 2000 Group Art Unit: 2841
Inventors: Jacqueline V. CSONKA and Ignatius CHONG
Title: "Trace-Pad Interface for Improved Signal Quality"
Attorney dkt: 51636-223

To: The Assistant Commissioner of Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
U.S.A.

Dear Sir:

RESPONSE

In response to the Office Action mailed April 18, 2005, please amend the application as follows:

In the Claims

Amendments to the claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments

Remarks begin on page 9 of this paper.

40218740.1